IFW  
PTO/SB/17 (12-04v2)Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT<sup>1</sup> (\$) 0

## Complete if Known

Application Number	10/807,952
Filing Date	March 23, 2004
First Named Inventor	Brent A. McClure
Examiner Name	
Art Unit	2812
Attorney Docket No.	1999-1337.01/US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 13-3092 Deposit Account Name: Micron Technology, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

Fee (\$)

Fee (\$)

Each independent claim over 30 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims**

12 -20 or HP= 0 x 50 = 0

**Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

3 - 3 or HP= 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x

= \_\_\_\_\_

**4. OTHER FEE(S)****Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

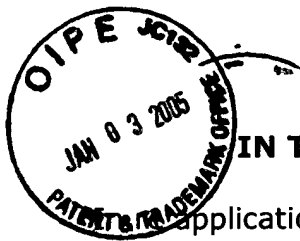
Other (e.g., late filing surcharge) : \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,882	Telephone	208-368-4516
Name (Print/Type)	Kevin D. Martin	Date	12/30/04		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:  
Brent A. McClure

Serial No.: 10/807,952

Filed: March 23, 2004

For: **REDUCED ASPECT RATIO DIGIT  
LINE CONTACT PROCESS FLOW  
USED DURING THE FORMATION OF  
A SEMICONDUCTOR DEVICE**

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§ Group Art Unit: 2812  
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§ Atty. Docket: 1999-1337.01/US  
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§  
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§  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Certificate of Mailing (37 CFR §1.8)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to:  
Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date below:

December 30, 2004  
Date

*Susan J. Stone*  
Signature

**INFORMATION DISCLOSURE STATEMENT**

In compliance with the duty of disclosure under 37 CFR §1.56, Applicant respectfully requests that this Information Disclosure Statement be entered and that the references listed on the attached Form PTO-1449 be considered by the Examiner and made of record. Per the amendment to 37 CFR 1.98, a copy of the cited U.S. patent is not enclosed.

In accordance with 37 CFR § 1.97(g), this Information Disclosure Statement is not to be construed as a representation that a search has been made or that no other possible material information as defined in 37 CFR § 1.56(a) exists.

Inventor: Brent A McClure  
Serial No.: 10/807,952

The following reference is disclosed for the Examiner's review:

**U.S. Patents**

<b>U.S. Patent No.</b>	<b>Issue Date</b>	<b>Inventor</b>
6,190,960	02/20/2001	Noble

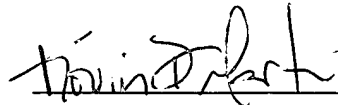
Applicant understands that no fee or certification is required for the submission and consideration of this information at this time. The Commissioner is authorized to charge any required fee to Deposit Account No. 13-3092, Order No. 1999-1337.01/US.

If there are any matters which may be resolved or clarified through telephone interview, the Examiner is respectfully requested to contact Applicant's undersigned agent at the number indicated.

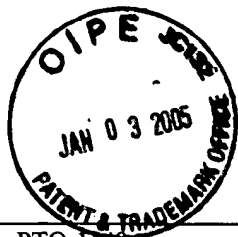
\* \* \* \*

A Form PTO-1449 is enclosed herewith.

Respectfully submitted,



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Sheet: 1 of: 1

FORM: PTO-1449 (REV: 7-80)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	Atty Docket No: <b>1999-1337.01/US</b>	Serial No: <b>10/807,952</b>
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (37 CFR 1.98(b)) (use several sheets if necessary)		Applicant: <b>Brent A. McClure</b>	
		Filing Date: <b>March 23, 2004</b>	Group: <b>2812</b>

**U.S. PATENT DOCUMENTS**

Examiner Initial	Document Number	Date	Name	Class	Subclass	
	AA	6,190,960	02/20/2001	Noble	438	253
	AB					
	AC					
	AD					
	AE					
	AF					
	AG					
	AH					
	AI					
	AJ					
	AK					

**FOREIGN PATENT DOCUMENTS**

Examiner Initial	Document Number	Date	Country	Class	Subclass	Translation	
	AL					Yes	No
	AM					<input type="checkbox"/>	<input type="checkbox"/>
	AN					<input type="checkbox"/>	<input type="checkbox"/>
	AO					<input type="checkbox"/>	<input type="checkbox"/>
	AP					<input type="checkbox"/>	<input type="checkbox"/>
	AQ					<input type="checkbox"/>	<input type="checkbox"/>

Initial

**OTHER REFERENCES** (including author, title, date, pertinent pages, etc.)

	AR		
	AS		
	AT		
	AU		

Examiner:	Date Considered:
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication with applicant.